

and denuded of hair, cold and dry to the touch; sebaceous and sudorific secretions absent. There was pitting or rather displacement on pressure, for the depression made by the finger disappeared when it was removed. The only heart symptom was acceleration of its beat (120-140). The urine was non-albuminous, of yellow tint, acid reaction, and containing a considerable quantity of urates (1015). Swelling similar to that in the feet existed in the cheeks and lips. The eyelids were much wrinkled, but not swollen. Hair on the head had become thin, and there was none whatever in the axilla. These symptoms, together with poverty of blood, insomnia, hallucinations of sight and hearing, manifestations of fear and terror, complete "absence," and a tendency to violence made up a picture of sufficient misery. This was succeeded by tranquillity in about three days. But her peaceful condition was not one of quiet, not post-epileptic depression. There was confusion of mind, indistinctness of speech, indifference, loss of facial expression, and general stupidity. Warm baths, galvanism (subaural), quinquina, small doses of arsenic, and somewhat energetic treatment, slowly brought about improvement. In three months all swelling had disappeared, and her psychic state became natural. What remained, however, were anæmic and exophthalmic goitre.

The patient stated that five or six months previous to this last attack she began to be so weak, broken, and exhausted, that her only desire was to stay constantly in bed. Thinking was difficult, or, to be more exact, she had no desire to think. Physically, she was not ill. The temperature was subnormal, and weariness so great that walking or working became almost impossible. She would sit down anywhere, thinking of nothing, and completely broken up. The swelling of the hands was not always present. Without known cause she lost eight teeth during the second month of her illness. Appetite and digestion remained good. There was no perspiration or oily secretion. The tongue became swollen, the saliva abundant, sticky, and thick. The patient always complained of feeling cold, especially in the parts that were swollen. There was but slight change in the thyroid gland at any time. It was a little larger during the epileptic delirium.

TROPHO-NEUROSIS AS A FACTOR IN THE PHENOMENA OF SYPHILIS.

The "St. Louis Courier of Medicine," Feb., 1890, calls attention to a paper with this title by Dr. G. Frank Lydston, in which the author affirms that syphilitic, as well as other

fevers, are due the action of a specific poison upon the sympathetic, and that the syphilitic poison may produce disturbance of the sympathetic with perversion of tissue, of metabolism, and excessive production of heat. The inconstancy of the syphilitic fever is explicable on the ground of idiosyncrasy. The roseola is due to vaso-motor changes with dilatation of the capillaries. In pronounced syphilitic lesions, the accumulation of cells is an exaggeration of normal tissue-building that is presided over by the sympathetic. Syphilitic infection has a peculiar affinity for the nervous system, especially for the upper and cervical portion of the sympathetic. The proportion of lesions of the head, face and mouth is larger than other portions of the body, especially those parts supplied by the fifth cranial nerve. The affinity of the specific infection for the iris may be easily explained in view of its sympathetic distribution. Syphilis seemingly possesses the power of dissecting out definite portions of osseous tissue (apparently by cutting off their nutrient supply) in a manner as clearly as it can be done by the knife. The explanation of destruction by pressure of syphilitic exudate will not suffice in these cases. Carefully observed, it will be found that the first symptoms experienced by the patient are those incidental to the presence of a foreign body, *i.e.*, dead bone in the tissues. If pressure were the cause of the necrosis, the death of the bone would be preceded by more or less painful swelling and inflammation. A perversion of trophic function in the nerve filaments supplying the parts is the only plausible explanation. All the pathological processes incidental to syphilis—whether the poison be microbe, degraded cell, or chronic abnormity—are due to disturbances of nutrition, resulting from the profound impressions made upon the sympathetic.

Asylum Notes.

BY FRANK H. INGRAM.

Dr. Charles W. Pilgrim, formerly an assistant at the Utica Asylum, has been appointed medical superintendent of Willard Asylum, to succeed Dr. P. M. Wise. Dr. Pilgrim, during his long experience with the insane, has gained an enviable reputation as a physician and an executive officer.

Dr. Geo. F. M. Bond resigned the superintendency of the Ward's Island Asylum on March 10th, to enter general practice in this city. Dr. Bond's successor, Dr. William